



CERTIFICATE OF VALUATION

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|------------------------|------|
| INSURANCE COMPANY NAME | DATE |
|------------------------|------|

INSURANCE COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

I, the Director of the Department of Commerce and Insurance of the State of Missouri, do hereby certify that I have cause to be made a valuation of all policies issued or assumed by the above-named insurance company and remaining in force on **December 31**, _____ on the following basis.

ALL BUSINESSES (LIFE)

| (1) MORTALITY TABLE | (2) AMOUNT OF INS. | (3) RESERVE |
|------------------------|-----------------------|----------------|
| 1941 | | |
| 1958 | | |
| 1980 | | |
| 2001 | | |
| OTHER | | |

| | ALL BUSINESS |
|---|--------------|
| 4. NUMBER OF POLICIES | \$ |
| 5. INSURANCE IN FORCE (AGREE WITH #2 ABOVE) | \$ |
| 6. VALUE OF OUTSTANDING POLICIES (AGREE WITH #3 ABOVE) | \$ |
| 7. PLUS VALUE OF ANN. & SUPP. CONTRACT INVOLVING LIFE CONTINGENCIES | \$ |
| 8. TOTAL | \$ |
| 9. LESS RESERVE ON REINSURED POLICIES | \$ |
| 10. TOTAL EXTRA RESERVE TO BE ADDED | \$ |
| 11. TOTAL POLICY CREDIT RESERVES TO BE DEDUCTED | \$ |
| 12. AMOUNT OF NET POLICY RESERVES | \$ |

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|-------------------------------|-----------------------------|
| COMPANY PRESIDENT NAME (TYPE) | COMPANY ACTUARY NAME (TYPE) |
|-------------------------------|-----------------------------|

The specified President and Actuary of the designated insurance company hereby certify that the above information has been compiled from the records of the company and to our best knowledge and belief constitutes a correct and complete valuation of ALL SUCH policies issued or assumed by the company.

| | |
|-----------------------------------|---------------------------------|
| SIGNATURE, COMPANY PRESIDENT ▶ | SIGNATURE, COMPANY ACTUARY ▶ |
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NOTARY PUBLIC

| | | |
|-----------------------------|---|---|
| NOTARY PUBLIC EMBOSSER SEAL | STATE | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR | USE RUBBER STAMP IN CLEAR AREA BELOW |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | |

COMPLETED BY DEPARTMENT OF COMMERCE AND INSURANCE

| | | |
|--|------------|--|
| 13. CAPITAL DEPOSIT REQUIRED FOR SECURITY OF POLICYHOLDERS, MARKET VALUE | \$ 600,000 | |
| 14. MARKET VALUE CAPITAL DEPOSIT FOR SECURITY OF POLICYHOLDERS | \$ | |
| 15. OTHER DEPOSITS | \$ | |
| 16. TOTAL AMOUNT ON DEPOSIT WITH THIS DEPARTMENT (ADD LINES 14 AND 15) | \$ | |

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| SEAL OF MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE | I certify that the said insurance company has on deposit with this Department on December 31 , _____, approved securities as required by law. |
| | DEPARTMENT DIRECTOR SIGNATURE _____ DATE _____ |

INSTRUCTIONS FOR COMPLETING CERTIFICATE OF VALUATION REPORT

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| 1. Mortality Table | Exhibit 5, Pg 12, Col 1 |
| 2. Amount of Insurance | Exhibit of Life Insurance, Pg 25, Ln 21, Col 10 |
| 3. Reserves | Exhibit 5, Pg 12, Ln 0199997, Col 2 |
| 4. Number of Policies | Exhibit of Life Insurance, Pg 25, Line 21, sum of Col 1, 3, 5, 7, & 8 |
| 5. Insurance In Force | Exhibit of Life Insurance, Pg 25, Line 21, Col 10 |
| 6. Value of Outstanding Policies | Exhibit 5, Pg 12, Ln 0199997, Col 2 (must agree with item 3) |
| 7. Annuities & Supplemental | Exhibit 5, Annuities, Ln 0299997, Col 2 plus Exhibit 5, Supplemental Contracts, Ln 0399997, Col 2 |
| 9. Reinsurance Reserves | Exhibit 5, Sum of Ceded Life, Annuities & Supplemental Contracts, Lns 0199998, 0299998, 0399998, Col 2 |
| 10. Extra Reserves | Exhibit 5, Sum of Accidental Death, Disability-Active Lives, Disability-Disabled Lives, & Misc., Lns 0499999, 0599999, 0699999, & 0799999. Also include Liability for Deposit-Type Contracts on Pg 3, Ln 3, Col 1 and Dividends on Pg 11, Ln 15, Col 1 (Exhibit 4) |
| 11. Credits | Contract loans, Pg 2, Ln 6, Col 3 |